

State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844

Form E2: Application for Waiver of Continuing Education
(Must be received by the Commission at least 30 days prior to license expiration.)

Section A – License Application Category (check all that apply):

Interpreter or Transliterator License Specialty License License Renewal
License Reinstatement *Requires additional form: F

Section B — Personal Information:

Legal Name: _____ Nebraska Interpreter License Number: _____
RID Membership Number (Optional): _____

Section C — Eligibility Criteria for Waiver:

If you have not completed the required 20 clock hours of approved continuing education with a minimum of 15 of those clock hours completed in the area of Professional Studies (and no more than 5 clock hours completed in the area of General Studies) and wish to apply for a waiver please complete the following information. Documentation of the circumstances beyond the license holder's control which prevented completion of the continuing education requirement must be submitted with this application. Check applicable reason(s) for requesting a waiver. Circumstances include, but are not limited to, the following:

- ☐ I served in the armed forces of the United States during part of the 24 months immediately preceding the license renewal date. *(Attach official documentation stating dates of service.)*
- ☐ I suffered from a serious or disabling illness or physical disability which prevented completion of the required number of hours of continuing education during the 24 months immediately preceding the license renewal date. *(Attach a written statement from a treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education activities during that period.)*
- ☐ I was first licensed within the 24 months prior to the license renewal date. *(Part or all of the CEU requirements may be waived.)* Date of issuance of license: ____/____/____.
- ☐ Other, please explain: _____

Section D - Certification of Applicant:

I, _____ (print name of licensee), depose and say that I am the person named making application and that I have completed this application; and that the information I have provided is true and correct to the best of my knowledge and belief.

Signature of Licensee

Date